

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE**

In the Matter of
Payment for
Judge Pro Tem

JUDGE PRO TEM FEE STATEMENT

For services as Judge Pro Tem at _____ (Branch/Division/
Department) by _____, as follows:

DATE	TIME	HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make check payable to:

Signature of Judge Pro Tem

Name ☐ Personal or ☐ Business

Printed Name of Judge Pro Tem

Mailing Address

Phone Number

City State Zip

Identification Number (Required)

☐ Social Security # if personal or
☐ Tax ID# if business

*******BELOW IS FOR COURT USE ONLY*******

I certify that this fee application has been submitted in compliance with court policy and the Court Executive Office is hereby ordered to issue payment in the amount of \$_____ payable to the above named person for services rendered in this case.

Amount Authorized \$ _____

Authorized by: _____

Printed Name: _____

Date: _____

Phone #: _____

Approved: _____

Supervising Judge

Date

So Ordered: _____

Presiding Judge

Date